**HMIS Intake Form** Referring Agency:       Date:

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| First Name: | Middle Name: | | Last Name: |
| SSN (Last 4 digits): | | Birthday: | |

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| Race (Check all that apply):  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/other Pacific Islander  White/Causasion  Gender:  Male Transgender Male to Female  Female Transgender Female to Male |

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| Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino  Veteran: Disabling Condition:  Yes  Yes  No  No |

Relationship to Head of Household (Self, spouse, son, etc.):

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| HOMELESS SITUATIONS  Place not meant for habitation  Emergency shelter (or hotel paid for with emergency shelter voucher) Agency Name:  Safe Haven  Interim Housing  Length of stay:     days Approximate date started homelessness: |
| INSTITUTIONAL SITUATION  Foster care home or foster care group home  Hospital or other residential non-psychiatric medical facility  Jail, prison or juvenile detention facility  Long-term care facility or nursing home  Substance abuse treatment facility or detox center  Length of stay:     days **(if more than 90 days, skip to next page)**  On the night before, did you stay on the streets, ES, or SH? Yes  No  **(if No, skip to next page)**  Approximate date started homelessness: |
| TRANSITIONAL AND PERMANENT HOUSING SITUATION  Hotel or motel paid for without emergency shelter voucher  Owned by client, no ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Permanent housing for formerly homeless persons (such as: A CoC project; HUD legacy programs; or HOPWA PH)  Agency Name:  Rental by client, no ongoing housing subsidy  Rental by client, with VASH housing subsidy  Rental by client, with GPD TIP subsidy  Rental by client, with other ongoing housing subsidy  Residential project or halfway house with no homeless criteria  Staying or living with a family member’s room, apartment or house  Staying or living with a friend’s room, apartment or house  Transitional housing for homeless persons (including homeless youth) Agency Name:  Length of stay:     days **(if more than 7 days, skip to next page)**  On the night before, did you stay on the streets, ES, or SH? Yes  No  **(if No, skip to next page)**  Approximate date started homelessness: |

**LIVING SITUATION** – Residence the night before program admission, and length of stay at that residence.

Number of times the client has been on the streets, in ES, or SH in the past three years, including today:

Total number of months homeless on the streets in ES, or SH in the past three years:      months

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| **HEALTH INSURANCE**  Client has active health insurance: Yes  No  (If answer is “Yes”, check which one(s) below)  Private  Private – Employer  Private – Individual  Medicare  Medicaid  State Children’s Health Insurance Program S-CHIP  Military Insurance  Other Public  State Funded  Combined Children’s Health Insurance / Medicaid Program  Indian Health Service (HIS)  Other | **CAUSE OF HOMELESSNESS**  Select ONLY one  Divorce/Break-up  Domestic Violence  Evicted from Home  Evicted from Shelter  Family Programs  Foster Care – Aged Out  House Fire  Jail  Lost Employment/Lack of Income  Mental Illness  Personal Health  Prison  Relocation  Stranded  Substance Abuse |

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| **BARRIERS** | Barrier Present | | Receiving Services | | Condition is Indefinite | | Documentation of the Disability and Severity on File | |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Alcohol Abuse |  |  |  |  |  |  |  |  |
| Developmental Disability |  |  |  |  |  |  |  |  |
| Drug Abuse |  |  |  |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |  |  |  |
| Mental Health |  |  |  |  |  |  |  |  |
| Physical Disability |  |  |  |  |  |  |  |  |
| Chronic Health Condition |  |  |  |  |  |  |  |  |

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| **DOMESTIC VIOLENCE**  Domestic Violence Experience  Yes  No | When Experience Occurred  Within the past three months Three to six months ago  From six to twelve months ago More than a year ago | | Currently Fleeing  Yes  No |
| **MONTHLY CASH INCOME**  $      Earned Income  $      Unemployment Insurance  $      Supplemental Security Income  $      Social Security Disability Income  $      VA Service – Disability Compensation  $      VA Non-Service-Connected Disability  $      Private disability insurance  $      Workers Compensation  $      TANF  $      General Assistance  $      Retirement Income from SS  $      Pension or retirement from former job  $      Child support  $      Alimony  $      Other source | | **MONTHLY NON-CASH INCOME**  $      SNAP/Food Stamps  $      Special Supplemental Nutrition Program (WIC)  $      TANF Child Care Services  $      TANF Transportation Services  $      Other TANF-funded Services  $      Section 8, public housing, or other ongoing  $      Temporary Rental Assistance  $      Other Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list programs you’re currently enrolled in or agencies you’re receiving services from: | |